

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213534497				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: AREVA NP INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATE CREATIONS NETWORK INC 4445 CORPORATION LN 2ND FL VIRGINIA BEACH, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: VIRGINIA BEACH CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 9/30/2013</p> <p>SCC ID NO: F1463597</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED					
COMMON	10,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 3315 OLD FOREST ROAD OF28</p> <p style="text-align: center;">CITY/ST/ZIP: LYNCHBURG, VA 24501</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL W RENCHECK TITLE: P/CEO ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MICHAEL W RENCHECK TITLE: P/CEO ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL W RENCHECK TITLE: P/CEO ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PETER F CASTINE TITLE: VICE PRESIDENT ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PETER F CASTINE TITLE: VICE PRESIDENT ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: PETER F CASTINE TITLE: VICE PRESIDENT ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: THOMAS G FRANCH TITLE: SENIOR VP ADDRESS: 7207 IBM DRIVE CITY/ST/ZIP/CO: CHARLOTTE, NC 28262 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: THOMAS G FRANCH TITLE: SENIOR VP ADDRESS: 7207 IBM DRIVE CITY/ST/ZIP/CO: CHARLOTTE, NC 28262	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: THOMAS G FRANCH TITLE: SENIOR VP ADDRESS: 7207 IBM DRIVE CITY/ST/ZIP/CO: CHARLOTTE, NC 28262	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RON J. LAND TITLE: SENIOR VP ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RON J. LAND TITLE: SENIOR VP ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: RON J. LAND TITLE: SENIOR VP ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GARY M. MIGNOGNA TITLE: SENIOR VP ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GARY M. MIGNOGNA TITLE: SENIOR VP ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: GARY M. MIGNOGNA TITLE: SENIOR VP ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LAURIE S HARRIS TITLE: TREASURER ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LAURIE S HARRIS TITLE: TREASURER ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR	
NAME: LAURIE S HARRIS TITLE: TREASURER ADDRESS: 3315 OLD FOREST ROAD CITY/ST/ZIP/CO: LYNCHBURG, VA 24501	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR				

NAME:	ROBERT A WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	3315 OLD FOREST ROAD		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24501		
NAME:	DAVID M ROYER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3315 OLD FOREST ROAD		
CITY/ST/ZIP/CO:	LYNCHBURG, VA 24501		
NAME:	HERBERT M WINEGARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	7207 IBM DRIVE		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28262		
NAME:	MARKUS BIRKHOFFER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 PLACE JEAN MILLIER		
CITY/ST/ZIP/CO:	COURBEVOIE, 92400, FR		
NAME:	ANNE-MARIE CHOHO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 PLACE JEAN MILLIER		
CITY/ST/ZIP/CO:	COURBEVOIE, 92400, FR		
NAME:	CLAUDE JAOUEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 PLACE JEAN MILLIER		
CITY/ST/ZIP/CO:	COURBEVOIE, 92400, FR		
NAME:	PHILIPPE KNOCHE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1 PLACE JEAN MILLIER		
CITY/ST/ZIP/CO:	COURBEVOIE, 92400, FR		
NAME:	PAUL M MYERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	7207 IBM DRIVE		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28262		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DAVID M ROYER	DAVID M ROYER, SECRETARY	7/25/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			